This report was submitted to AHCCCS on 12/28/07 and is pending final approval.

Quarterly Children's System of Care Performance Outcome Measure Report

Quarter 1 / Fiscal Year 2008

State of Arizona
Department of Health Services
Division of Behavioral Health Services
150 North 18th Avenue, Suite 240
Phoenix, Arizona 85007

Executive Summary

The Quarterly Children's System of Care Performance Outcome Measure Report highlights the Children's System of Care performance by presenting quarter 1 FY2008 data from the Functional Outcome Measures, MHSIP YSS-F Survey, and Child and Family Team evaluation method. Further, it highlights progress made in regards to the Jason K Settlement.

Functional Outcomes data supports the use of Child and Family Teams (CFT) in gaining positive outcomes. All but one functional area for both the 0 – 4 and 5 – 17 age groups yielded a higher rate of positive outcomes in those children being served by a CFT as compared to children not being served by a CFT. The exception was found in the 5 – 17 age group in the category *Lives with Family*; however there was only a <1% difference between the two populations. Positive outcomes were found in the same age group in the functional areas of *Achieving Success in School* and *Increased Stability*; the similar areas in the MHSIP YSS-F Survey of *Appropriate Grade Level* and *Avoiding Delinquency* also garnered positive outcomes. An area of improvement identified from the functional outcome measures was in the need to assist members and families in recognizing positive outcomes when they occur. In the 18 – <21 age group, 58% of members live at home with family and 27% live independently without support. Also, 85% of members have not been arrested and 77% have not used substances within the past month.

The Wraparound Fidelity Assessment System (WFAS) was implemented statewide to assess Provider fidelity to the Arizona Principles and Phases of the CFT. Quantitative results for the interview portion of the WFAS were obtained with the majority of Providers scoring above the minimum performance standard of 65%. Areas in need of the most improvement as identified by the results were natural supports for families, service planning, and transitioning.

The Child and Adolescent Service Intensity Instrument (CASII) made progress toward statewide implementation. ADHS/DBHS executed a contract with the Academy of Child and Adolescent Psychiatry to secure trainings and user's manuals on the proper use of the CASII. Training and implementation goals related to the CASII were incorporated into the ADHS/DBHS and T/RBHA Children's System of Care Plans.

TABLE OF CONTENTS

Executive Summary 2

Introduction 4

Functional Outcomes 4

Children's System of Care Practice Reviews 5

Jason K Settlement Implementation Strategies and Barriers 6

Conclusion 7

Attachment 1 *Functional Outcomes ages 5-17; 0-4* 9

Attachment 2 *MHSIP YSS-F* 13

Attachment 3 *Functional Outcomes ages 18-<21* 14

Attachment 4 *WFI-4 Provider Report Card Example* 17

Attachment 5 *Children's SOC Plan* 18

Introduction

The Quarterly Children's System of Care Performance Outcome Measure Report presents the statewide performance in the Children's System by highlighting data obtained from the Functional Outcomes, MHSIP YSS-F Survey, and WFAS evaluation tool. The former two analyze children's response to treatment by assessing functional successes; the latter analyzes the Providers' fidelity to the Arizona 12 Core Principles. Further, information is provided to highlight progress made in regards to the Jason K Settlement.

Functional Outcomes

Functional Outcome measures are obtained monthly from the Client Information System (CIS) and capture success rates for children in core functional areas as well as provide a comparison of success rates using the variable of whether or not the child was served by a Child and Family Team (CFT). In addition, the Mental Health Services Administration's Mental Health Statistics Improvement Program, Youth Services Survey for Families (MHSIP YSS-F) is a national survey that is administered annually to obtain feedback on members' and their families' perceptions of treatment and treatment outcomes. ADHS/DBHS incorporated state added questions to the MHSIP YSS-F Survey to reflect the ADHS/DBHS Children's System of Care Plan Outcomes for members aged 5 – 17. ADHS/DBHS, along with the T/RBHAs, revised and supplemented the state added questions incorporated into the 2007 MHSIP YSS-F Survey to more accurately mirror the Children's System of Care Plan Outcomes. Analysis of both the CIS Functional Outcomes and the MHSIP YSS-F Survey provides insight into Arizona's success in treatment outcomes for children and adolescents.

Attachment 1 depicts the CIS Functional Outcome measures for children ages 5 – 17 and ages 0 – 4 for quarter 1 FY08. As shown for both age groups, the outcomes for children served by a CFT were consistently higher than for those children not being served under the CFT model. The one exception was in the functional area *Lives with Family* for the 5 – 17 age group. However, the difference was nominal; 85.9% of those served by a CFT live with family whereas 86.8% of children not being served by a CFT live with family. Within the same age group, notable differences were seen in the functional areas of *Achieving Success in School* and *Increased Stability*, with CFT service leading to higher outcomes of greater than 9% more than the children not being served by a CFT for both areas. The MHSIP YSS-F Survey yielded similar results in the *Appropriate Grade Level* and *Avoiding Delinquency* categories, with respective rates of 81% and 86% reporting positively in these areas, achieving above the established goal of 80% (*Attachment 2)*. Although the CIS Functional Outcomes identified the positive successes as mentioned above, the MHSIP YSS-F Survey overall score for perception of treatment success was at 62%, which is below the minimum performance standard of 70%. Analysis of this variance between the two measures indicates a statewide need for improvement in assisting members and their families in identifying treatment successes, including documenting positive outcomes through the CFT process.

In the 0 – 4 age group the most notable difference was found in the functional area of *Acceptable Emotional Regulation* with a 21.2% higher outcome for the children served by a CFT. In the same age group, a 16.2% higher outcome in the *Improving Family Stress Level* measure was found for the children served by a CFT than those not served by a CFT. Overall, the results of these outcome measures show improvement in functional status for children served by a CFT; thus the ADHS/DBHS Children's System of Care Plan continues efforts to establish active CFTs for all children in the behavioral health system.

Attachment 3 depicts the functional outcome measures for the 18 – <21 age group. In the *Employment* category for SMI members, 12% are employed and 8% are students; for non-SMI members, 16% are employed and 15% are students. For *Primary Residence*, the majority (58%) of clients in this age group live at home with family, followed by 27% living independently without support. Of notable mention for the *Primary Residence* category, when compared to the National overall average as reported to CMHS, Arizona achieved a 6.2% higher rate for behavioral health recipients living in the community. The functional areas assessing rates of arrests and substance abuse also garnered positive results in that 85% of members ages 18 – <21 have not been arrested and 77% have not used substances within the past month.

Children's System of Care Practice Reviews

In quarter 1 FY08 the Children's System of Care Practice Review using the Wraparound Fidelity Assessment System (WFAS) was implemented. This evaluation method was adopted by ADHS/DBHS to replace the Child and Family Team (CFT) Fidelity Tool due to the national validation of the WFAS. The WFAS measures fidelity to the Arizona 12 Principles and to the 9 activities of the Child and Family Team. Providers are evaluated bi-annually on their performance with children and families who are deemed to require high intensity services. The definition of high intensity includes children who are currently in or on the verge of requiring an out of home placement and/or have multiple service agency involvement. The performance standards for the WFAS are:

- Minimum fidelity = 65% - 74%;
- Satisfactory fidelity = 75% - 84% and;
- High fidelity = 85% - 100%.

The WFAS tool consists of three measures:

- Wraparound Fidelity Index (WFI-4) CFT participant interviews conducted by the Family Agencies;
- Documentation Review Measure (DRM) and;
- Child and Family Team Observation Measure (TOM).

The WFI-4 data received from the pilot did not yield valid results due to errors in scoring the interviews. ADHS/DBHS remedied this by meeting with the Family Agency interviewers to review the scoring manual. The results for the statewide implementation of the WFI-4 yielded the following: in August, 3 out of 8 Providers fell below the minimum standard of 65% for overall fidelity and; 5 out 8 Providers achieved overall

fidelity of 65% or higher, 2 of which achieved an overall fidelity rating of 75% or greater. September saw a similar trend with 3 out of 9 Providers falling below the minimum standard and; 6 out of 9 achieving a rating of 65% or greater, 2 of which achieved 75% or greater in overall fidelity. Three areas that consistently scored lower than others were the inclusion/development of natural supports for families and in the phases of service planning and transitioning. ADHS/DBHS made strides in creating a report card format that summarized the key components of the WFI-4 scores and enabled the Providers and RBHAs to readily identify areas for improvement (*Attachment 4*).

Qualitative reports from the DRM and TOM measures were compiled by the RBHAs highlighting the strengths and needed improvements in the documentation and Child and Family Team meetings. ADHS/DBHS continued to collaborate with the University of Washington to create a quantitative scoring method for these tools; however, one was not available to implement during this quarter.

The RBHAs hold monthly Provider feedback sessions to present the results of the WFAS; in addition to the Provider representatives and WFAS reviewers and interviewers, participants at these sessions include representatives from ADHS/DBHS quality management and/or Children's System of Care and Jason K Plaintiffs' Council. These sessions discuss the qualitative and quantitative results, address any barriers that were present during the evaluation process and identify performance improvement opportunities. The topics identified during the feedback sessions are brought back to the ADHS/DBHS Children's System of Care Quality Management Committee to be incorporated into system improvement. In addition, the RBHAs incorporate the performance improvement activities generated from the WFAS results into their quarterly Performance Improvement submissions to ADHS/DBHS.

Jason K Settlement Implementation Strategies and Barriers

Full implementation of the Jason K (JK) Settlement continues to be a priority for ADHS/DBHS. Currently bi-monthly meetings occur with representation from JK Plaintiffs' Council, ADHS/DBHS and AHCCCS. At these meetings, ADHS/DBHS reviews the progress that is being made on the Children's System of Care Plan and other important priorities identified by Plaintiffs' Council. The new Children's System of Care Plan for 11/01/07 through 10/31/08 (*Attachment 5*) has been shared with Plaintiffs' Council and will be the focus for the next year. There are no contended issues at the current time in regard to the Settlement Agreement.

ADHS/DBHS meets regularly with the family members in the Family Advisory Committee to obtain feedback on implementation strategies for the Children's System of Care Plan and other quality management issues. In addition, ADHS/DBHS participates in the Practice Review Steering Committee and GSA Task Force meetings to discuss implementation and address barriers of the WFAS evaluation tool. These committees report back to the Children's System Quality Management Committee to incorporate feedback into the system.

ADHS/DBHS progressed in its implementation of the Child and Adolescent Service Intensity Instrument (CASII). This instrument will be used in conjunction with CFTs for assessing the level of service intensity for children and adolescents, as well as provide treatment outcome measures through reassessment every 6 months and at disenrollment. The dimensions of the instrument will replace the CIS functional outcomes once statewide implementation has occurred. The dimensions are:

- Risk of Harm
- Functional Status
- Co-occurring Conditions
- Recovery Environment
    - Scale A: Environmental Stressors
    - Scale B: Environmental Supports
- Resiliency and/or Response to Treatment
- Involvement in Services
    - Scale A: Child/adolescent Involvement
    - Scale B: Parental/familial Involvement

During quarter 1, a contract was executed with the Academy of Child and Adolescent Psychiatry, the developer of the CASII, for staff trainings and the purchase of user's manuals for proper use of the instrument. Training dates for the T/RBHAs were scheduled and ADHS/DBHS worked with the T/RBHAs to incorporate training and implementation goals of the CASII into the 2008 Children's System of Care plans. ADHS/DBHS initiated work to incorporate the CASII dimensions into the CIS demographic fields to capture outcomes. In addition, work began to draft a CASII Protocol and CFT Practice Protocol to incorporate the use of the CASII.

The use of the CASII will assist the WFAS evaluations by providing an objective identification of children with high intensity needs. The need for adapting the current WFAS tools to evaluate the CFT practice for children with low intensity needs was identified and ADHS/DBHS began collaboration with the University of Washington to serve this end.

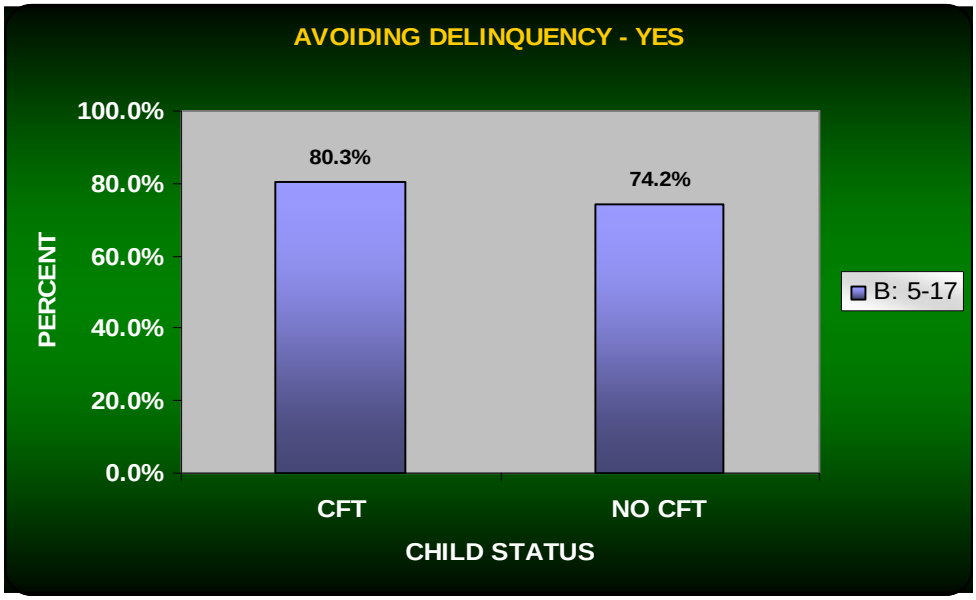
Conclusion

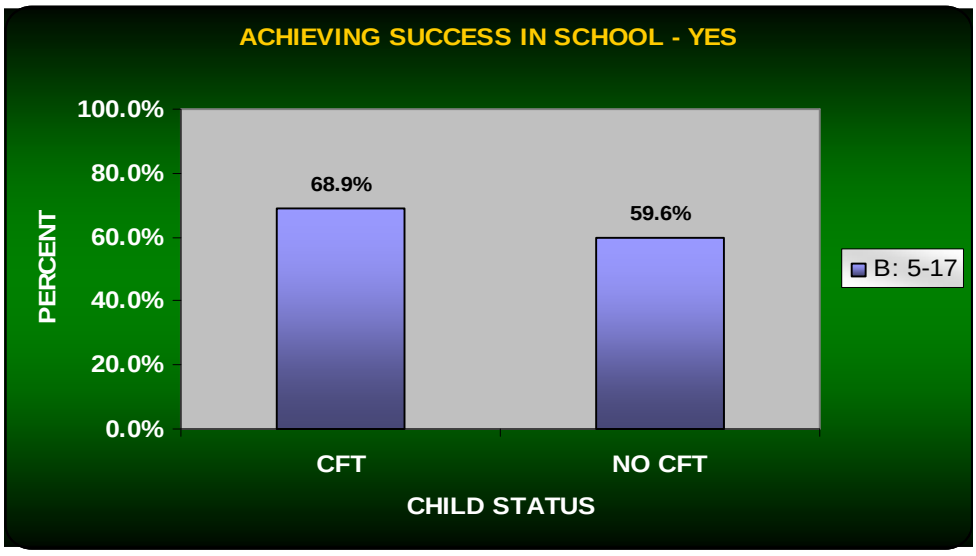
Data supports the use of Child and Family Teams for obtaining positive outcomes. Therefore, ADHS/DBHS continues to focus on moving the system toward the use of CFTs for all children receiving behavioral health services. The WFAS statewide implementation began to evaluate fidelity to the CFT core principles and ADHS/DBHS continues to work with the Family Agencies and T/RBHAs to address barriers to this process. Improvement efforts for the WFAS included collaborating with the University of Washington to develop quantitative measures for the Document Review Measure and Team Observation Measure. Further, ADHS/DBHS made progress in implementing the CASII to assist the CFT process in identifying appropriate service intensity for children and adolescents. The statewide use of this instrument will replace the current functional outcome measures and provide an objective identification of children and adolescents

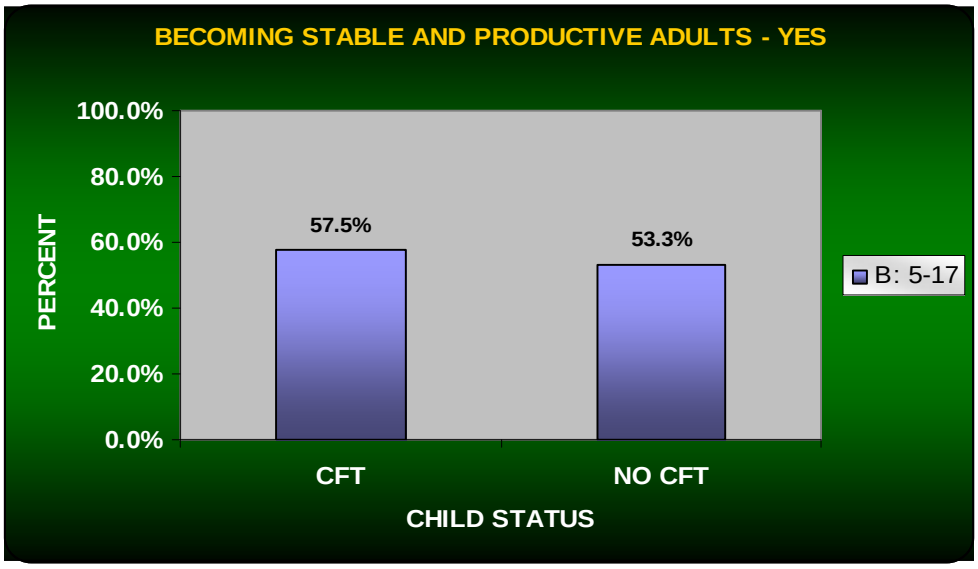
with high intensity needs. The results of these assessments will assist in identifying necessary network growth to meet the needs of Arizona's children and adolescents.

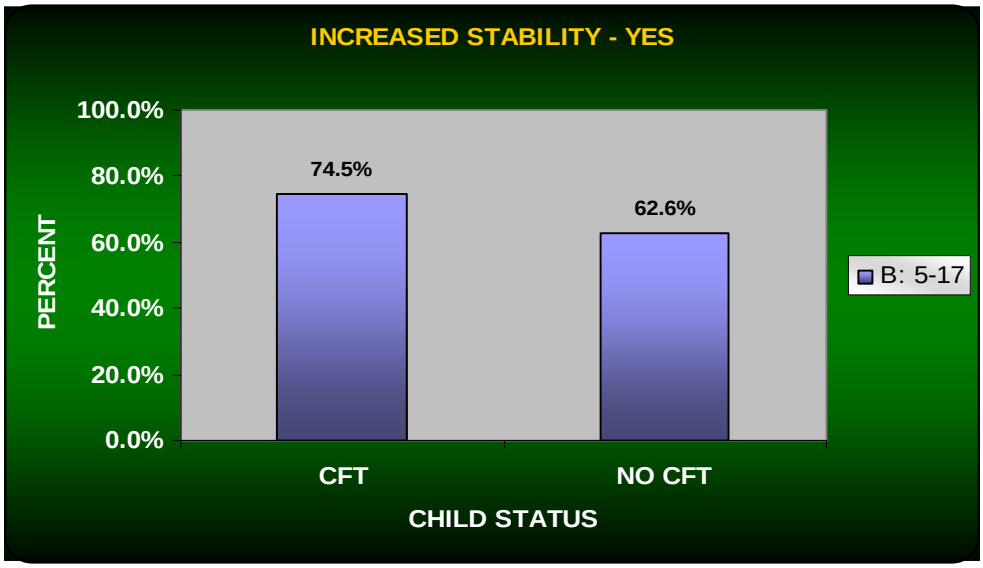
Attachment 1 *Functional Outcomes ages 5-17; 0-4*

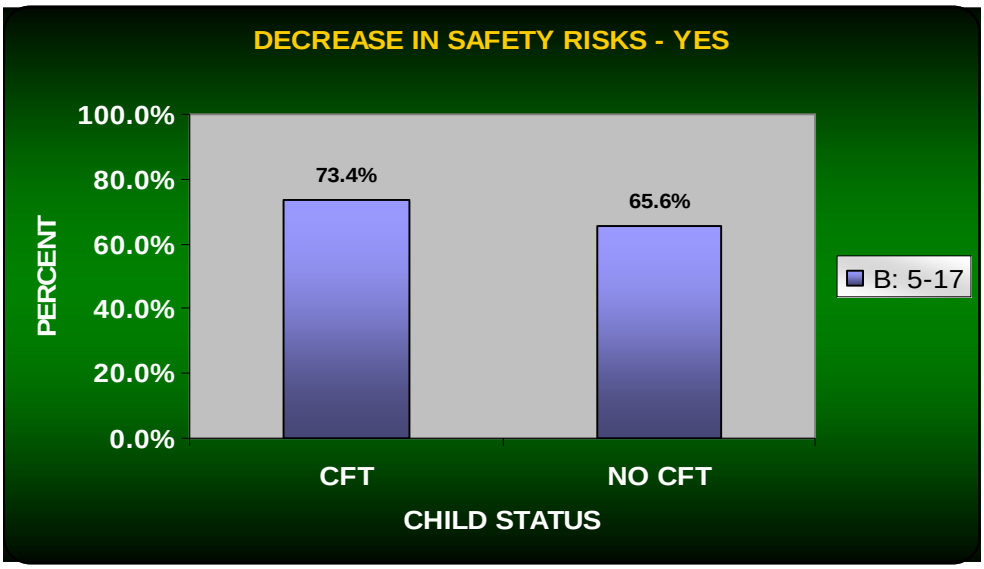
FY 2008 Quarter 1 Children's SOC OM Report
Statewide Totals for T19 Clients Under Age 18

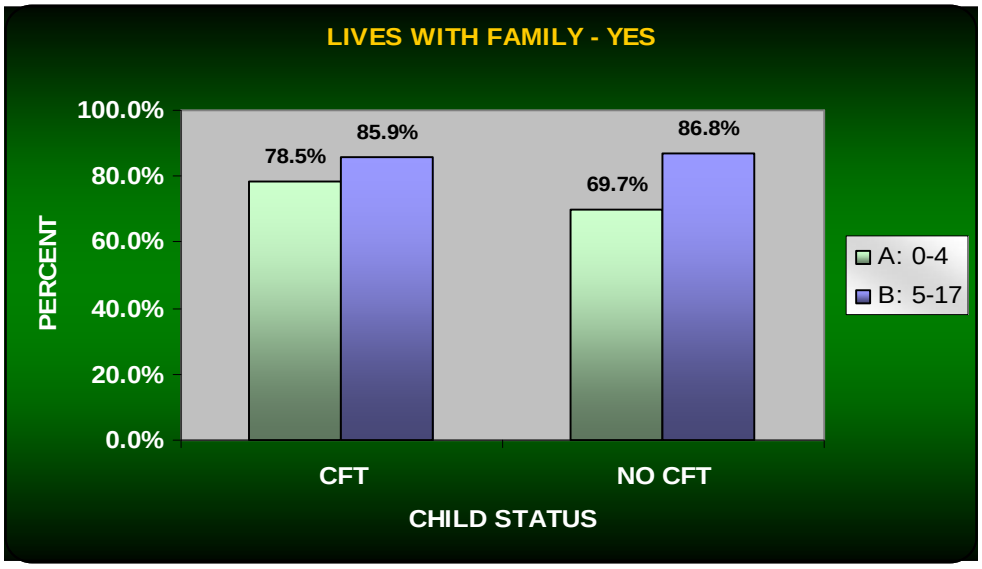


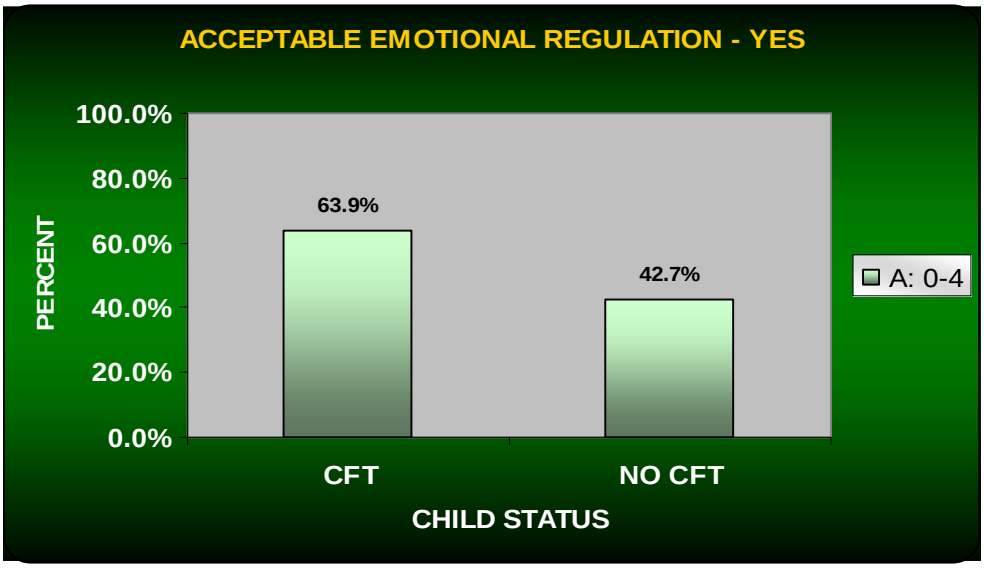


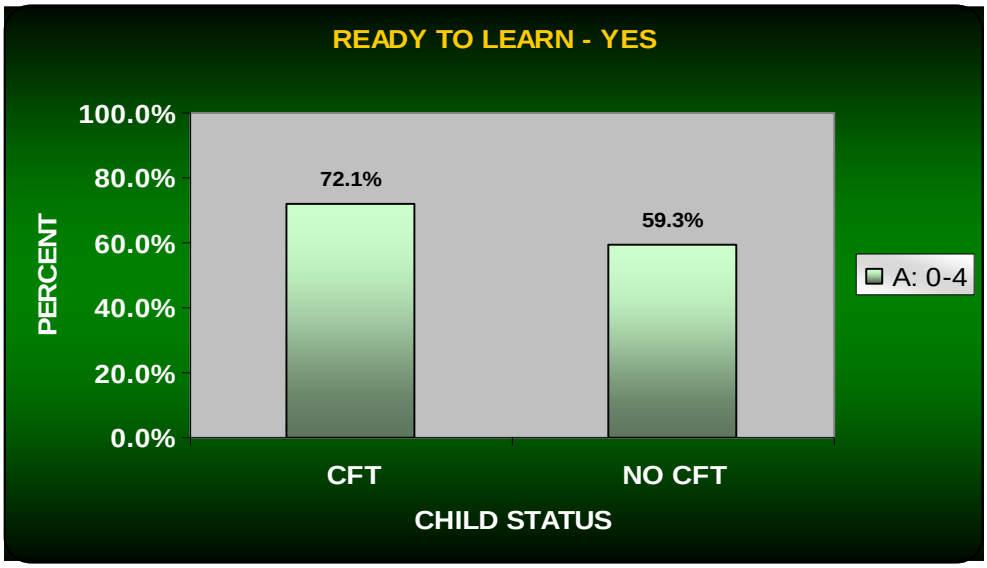

BECOMING STABLE AND PRODUCTIVE ADULTS - YES
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
PERCENT
57.5%
53.3%
B: 5-17
CFT
NO CFT
CHILD STATUS

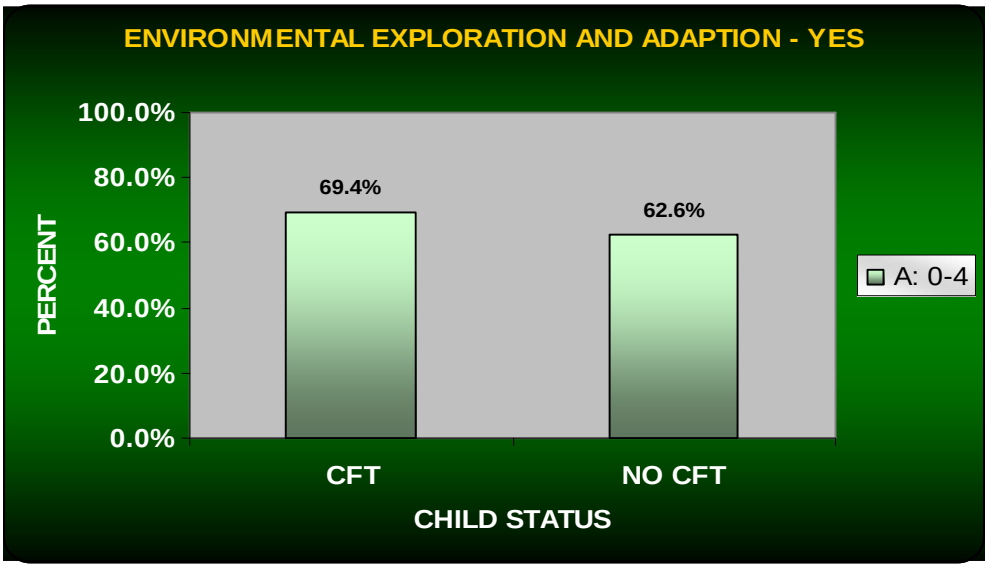

INCREASED STABILITY - YES
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
PERCENT
74.5%
62.6%
B: 5-17
CFT
NO CFT
CHILD STATUS

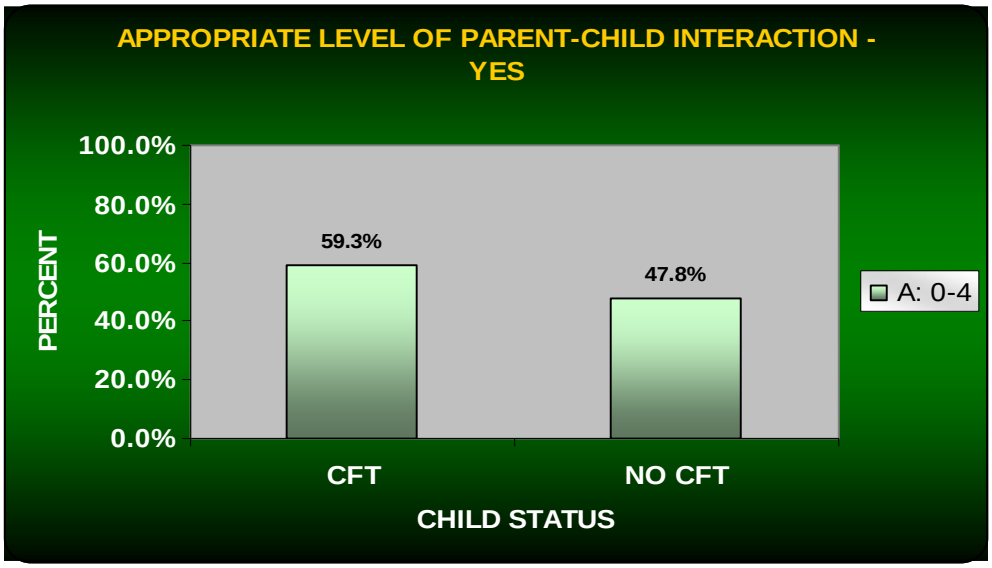

DECREASE IN SAFETY RISKS - YES
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
PERCENT
73.4%
65.6%
B: 5-17
CFT
NO CFT
CHILD STATUS

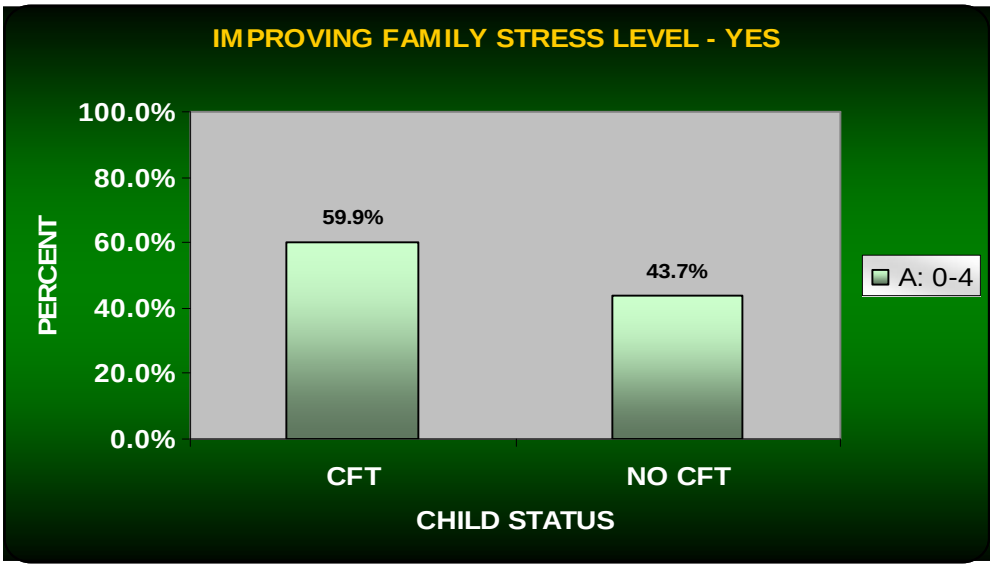

LIVES WITH FAMILY - YES
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
PERCENT
78.5%
85.9%
69.7%
86.8%
A: 0-4
B: 5-17
CFT
NO CFT
CHILD STATUS


ACCEPTABLE EMOTIONAL REGULATION - YES
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
PERCENT
63.9%
42.7%
A: 0-4
CFT
NO CFT
CHILD STATUS


READY TO LEARN - YES
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
PERCENT
72.1%
59.3%
A: 0-4
CFT
NO CFT
CHILD STATUS


ENVIRONMENTAL EXPLORATION AND ADAPTION - YES
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
PERCENT
69.4%
62.6%
A: 0-4
CFT
NO CFT
CHILD STATUS


APPROPRIATE LEVEL OF PARENT-CHILD INTERACTION - YES
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
PERCENT
59.3%
47.8%
A: 0-4
CFT
NO CFT
CHILD STATUS


IMPROVING FAMILY STRESS LEVEL - YES
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
PERCENT
59.9%
43.7%
A: 0-4
CFT
NO CFT
CHILD STATUS

Attachment 2 *MHSIP YSS-F*

Children's System of Care Performance Outcome Measure Report

Age group: 6-17 years

2006 MHSIP YSS-F Outcomes Domain Line Items

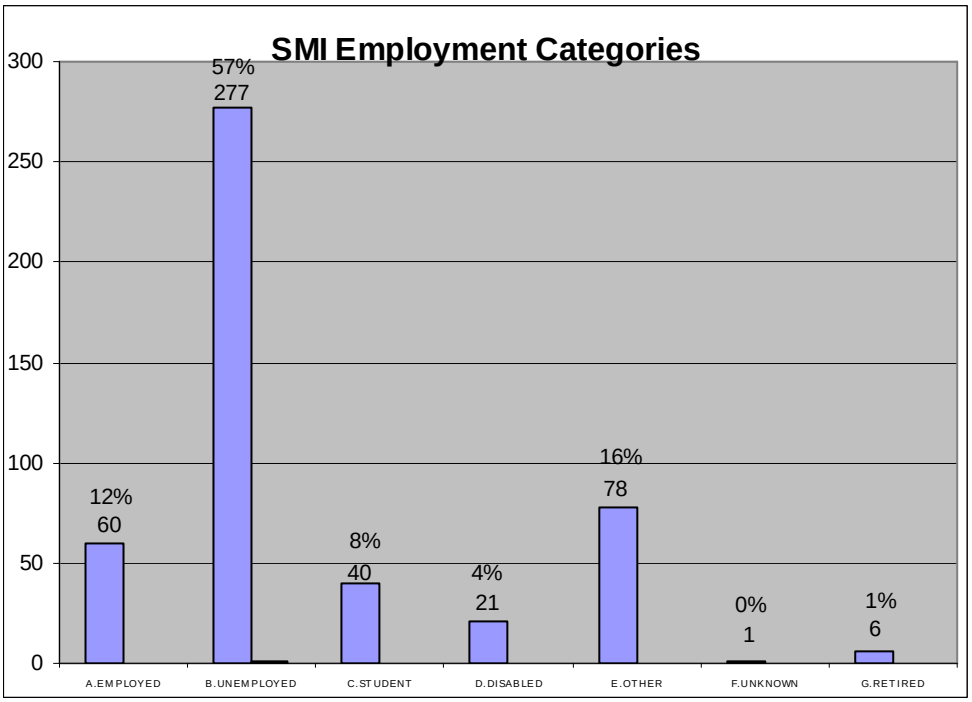
Outcomes:		**62%**
16. My child is better at handling daily life.	731	73%
17. My child gets along better with family members.	709	71%
18. My child gets along better with friends and other people.	718	72%
19. My child is doing better in school and/or work.	693	71%
20. My child is better able to cope when things go wrong.	629	63%
21. I am satisfied with our family life right now.	631	64%

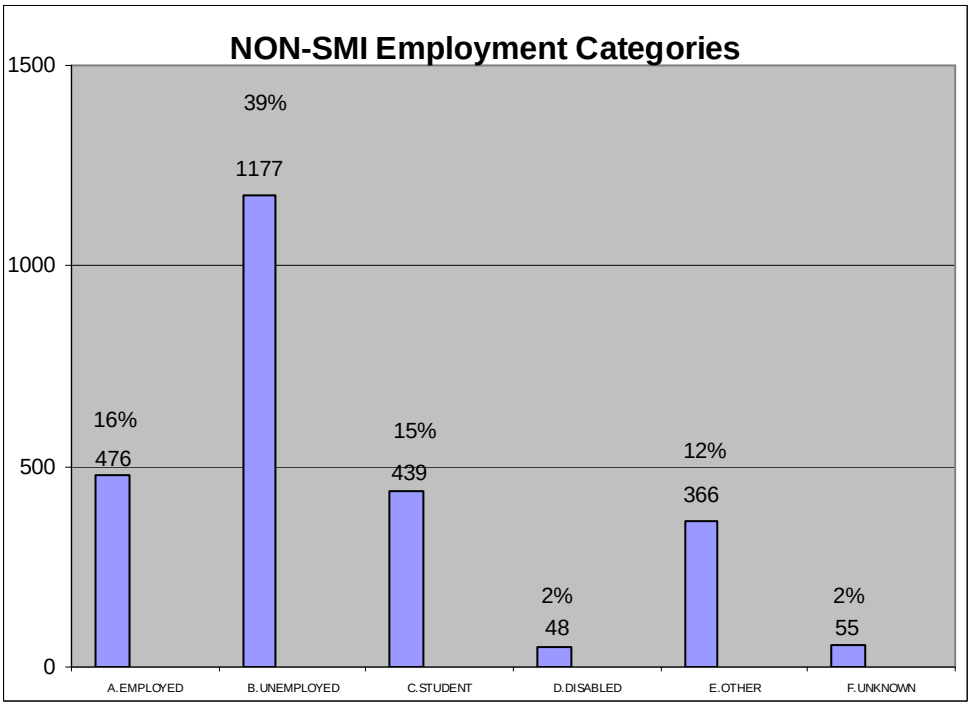
2006 MHSIP YSS-F State Added Outcomes Questions

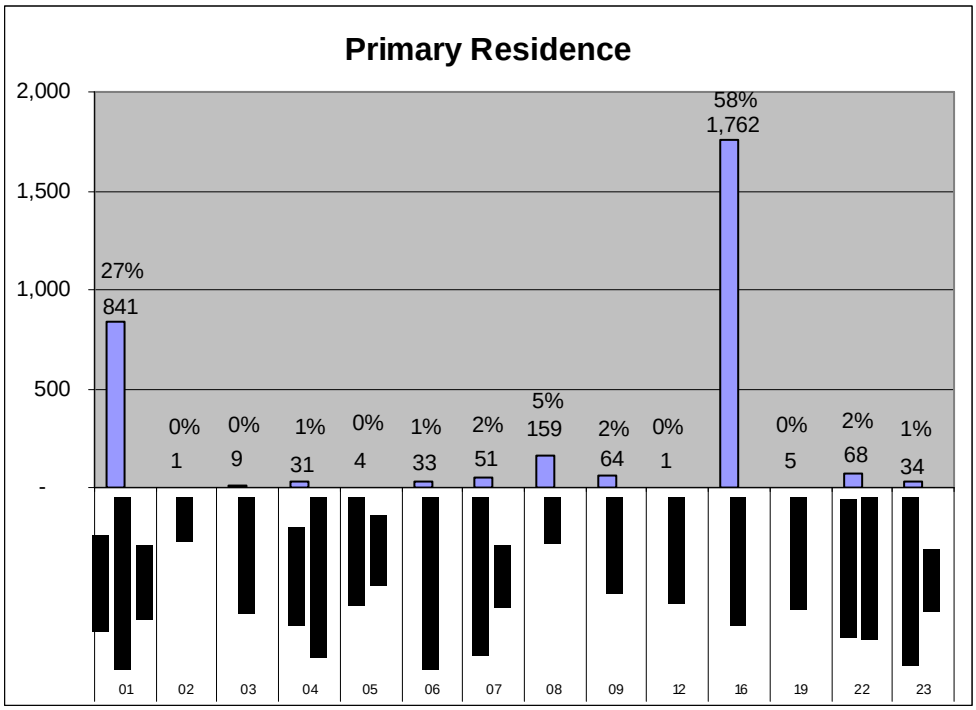
RBHA	Appropriate Grade Level		Stable Living Situation		Avoiding Delinquency	
	N	%	N	%	N	%
Statewide	803	81%	722	74%	792	86%
Cenpatico-2	73	80%	62	73%	67	80%
Cenpatico-4	137	84%	129	79%	127	86%
CPSA-3	100	78%	91	74%	98	85%
CPSA-5	173	81%	158	75%	171	87%
NARBHA	194	85%	164	71%	195	88%

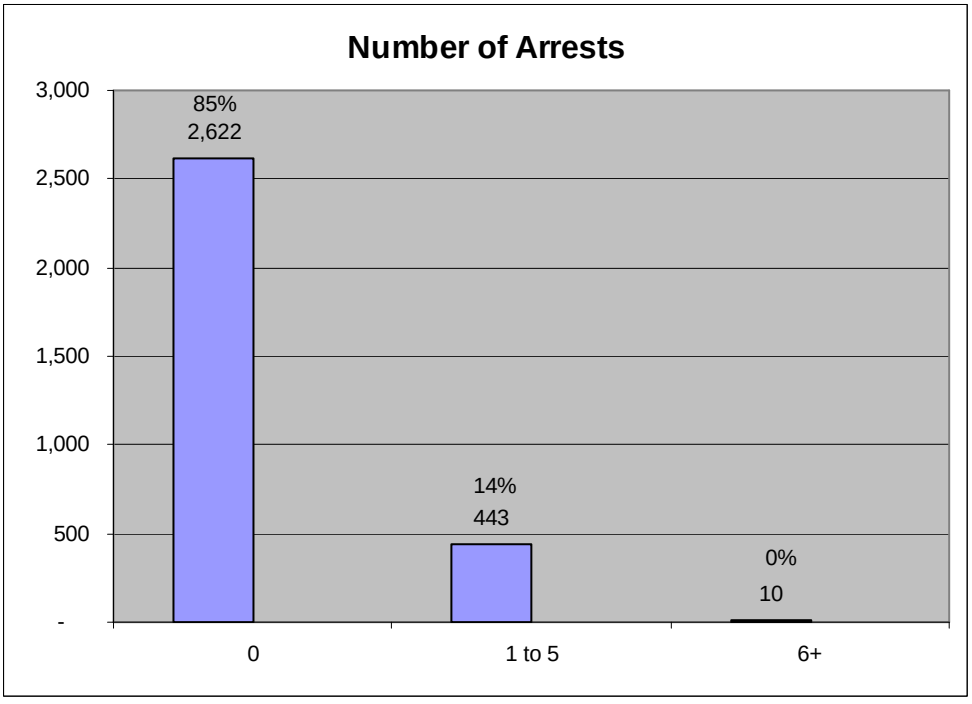
Attachment 3 *Functional Outcomes ages 18-<21*

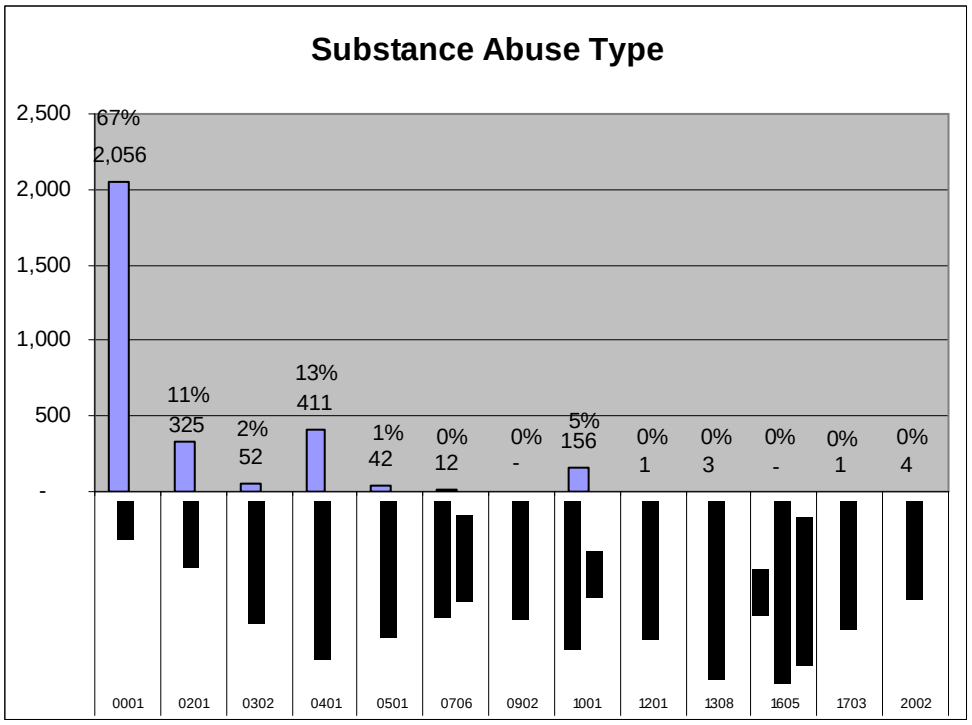
Outcome Measures T19 Clients Ages 18 – 20 (< 21)

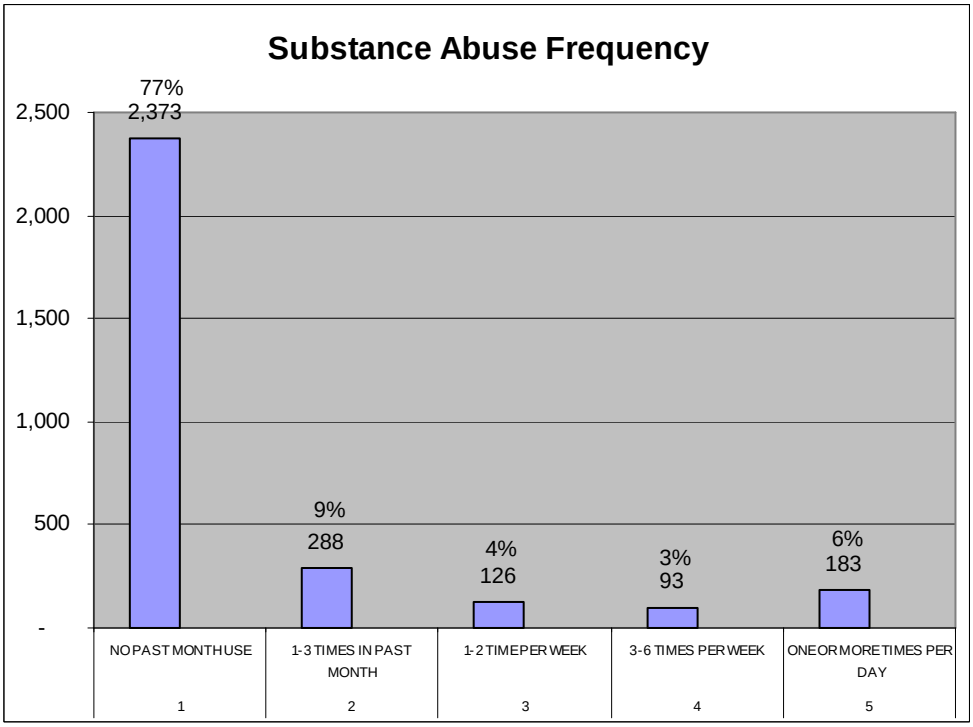





Primary Residence
2,000
1,500
1,000
500
-
27%
841
0%
1
0%
9
1%
31
0%
4
1%
33
2%
51
5%
159
2%
64
0%
1
58%
1,762
0%
5
2%
68
1%
34
01
02
03
04
05
06
07
08
09
12
16
19
22
23


Number of Arrests
3,000
2,500
2,000
1,500
1,000
500
-
85%
2,622
14%
443
0%
10
0
1 to 5
6+


Substance Abuse Type
2,500
2,000
1,500
1,000
500
-
67%
2,056
11%
325
2%
52
13%
411
1%
42
0%
12
0%
-
5%
156
0%
1
0%
3
0%
-
0%
1
0%
4
0001
0201
0302
0401
0501
0706
0902
1001
1201
1308
1605
1703
2002


Substance Abuse Frequency
2,500
2,000
1,500
1,000
500
-
77%
2,373
9%
288
4%
126
3%
93
6%
183
NO PAST MONTH USE
1
1-3 TIMES IN PAST MONTH
2
1-2 TIME PER WEEK
3
3-6 TIMES PER WEEK
4
ONE OR MORE TIMES PER DAY
5

Attachment 4 *WFI-4 Provider Report Card Example*

WFI SUMMARY ANALYSIS
PROVIDER: EXAMPLE

Combined Total WFI Score Average:	**82%**

CFT Facilitator Element 1: Voice and Choice	87%
CFT Facilitator Element 2: Team Based	82%
CFT Facilitator Element 3: Natural Supports	72%
CFT Facilitator Element 4: Collaborative	95%
CFT Facilitator Element 5: Community Based	77%
CFT Facilitator Element 6: Cultually Competent	100%
CFT Facilitator Element 7: Individualized	85%
CFT Facilitator Element 8: Strengths Based	90%
CFT Facilitator Element 9: Persistent	95%
CFT Facilitator Element 10: Outcomes Based	75%
CFT Facilitator Total WFI Score:	**86%**

CG Element 1: Voice and Choice	80%
CG Element 2: Team Based	83%
CG Element 3: Natural Supports	65%
CG Element 4: Collaborative	85%
CG Element 5: Community Based	78%
CG Element 6: Cultually Competent	90%
CG Element 7: Individualized	73%
CG Element 8: Strengths Based	75%
CG Element 9: Persistent	67%
CG Element 10: Outcomes Based	78%
Caregiver Total WFI Score:	**77%**

Y Element 1: Voice and Choice	94%
Y Element 2: Team Based	87%
Y Element 3: Natural Supports	83%
Y Element 4: Collaborative	100%
Y Element 5: Community Based	67%
Y Element 6: Cultually Competent	96%
Y Element 7: Individualized	79%
Y Element 8: Strengths Based	88%
Y Element 9: Persistent	100%
Y Element 10: Outcomes Based	92%
Youth Total WFI Score:	**89%**

TM Element 1: Voice and Choice	75%
TM Element 2: Team Based	82%
TM Element 3: Natural Supports	66%
TM Element 4: Collaborative	78%
TM Element 5: Community Based	65%
TM Element 6: Cultually Competent	97%
TM Element 7: Individualized	75%
TM Element 8: Strengths Based	97%
TM Element 9: Persistent	88%
TM Element 10: Outcomes Based	56%
Team Member Total WFI Score:	**78%**

ELEMENTS	**SCORE**
Combined Total WFI Element 1 Score	84%
Combined Total WFI Element 2 Score	84%
Combined Total WFI Element 3 Score	72%
Combined Total WFI Element 4 Score	90%
Combined Total WFI Element 5 Score	72%
Combined Total WFI Element 6 Score	96%
Combined Total WFI Element 7 Score	78%
Combined Total WFI Element 8 Score	88%
Combined Total WFI Element 9 Score	88%
Combined Total WFI Element 10 Score	75%

PHASES	**SCORE**
Facilitator Phase 1: Engagement	92%
Facilitator Phase 2: Planning	85%
Facilitator Phase 3: Implementation	87%
Facilitator Phase 4: Transition	81%
Caregiver Phase 1: Engagement	82%
Caregiver Phase 2: Planning	75%
Caregiver Phase 3: Implementation	83%
Caregiver Phase 4: Transition	66%
Youth Phase 1: Engagement	92%
Youth Phase 2: Planning	79%
Youth Phase 3: Implementation	90%
Youth Phase 4: Transition	90%
Team Member Phase 1: Engagement	77%
Team Member Phase 2: Planning	78%
Team Member Phase 3: Implementation	86%
Team Member Phase 4: Transition	63%

* Scores marked "n/a" are due to insufficent data needed in calculating representative totals.

Attachment 5 ***Children's SOC Plan***

Title XIX Children's System of Care Plan
Arizona Department of Health Services and Arizona Health Care Cost Containment System
November 1, 2007 through October 31, 2010

Goal 1 – Develop a statewide quality management system for children's services that strengthens practice according to the Arizona 12 Principles.

Objective 1.1 – Implement an in-depth, statewide tool and process that reviews practice and adherence to the Child and Family Team Practice and 12 Principles.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 1.1.1 Fully implement the "gold standard" reviewer qualification process to qualify all existing and new reviewers to administer the Wraparound Fidelity Index (WFI) and the Documentation of Wraparound Process.	QM Operations	12/1/07	Documentation of reviewers passing the "gold standard" reviewer qualification process
Task 1.1.2 Maintain a list of qualified reviewers for the Wraparound Fidelity Assessment System (WFAS) including the Wraparound Fidelity Index (WFI), Documentation of Wraparound Process (DWP), and Team Observation Measure (TOM).	QM Operations	11/1/07 and ongoing	List of qualified reviewers
Task 1.1.3 Oversee completion of Wraparound Fidelity Index (interviews) for each child-serving agency using family organizations.	QM Operations	11/1/07 and monthly	Completed WFI interview forms
Task 1.1.4 Oversee T/RBHA-completion of Documentation of Wraparound Process (chart reviews) for child-serving agencies.	QM Operations	11/1/07 and monthly	Completed DWP forms
Task 1.1.5 Oversee Team Observation Measure completion for child-serving agencies.	QM Operations	11/1/07 and monthly	Completed TOM forms
Task 1.1.6	QM Operations	1/30/08 and	Data validation and inter-rater

Conduct data validation activities and inter-rater reliability checks.		quarterly	reliability reports
Task 1.1.7 Arrange for additional reviewer training, as needed.	QM Operations	As needed	Training agendas, sign-in sheets
Task 1.1.8 Develop process for reviewing practice for low/moderate needs children.	QM Operations	2/28/08	Identified tool(s), process(es)
Task 1.1.9 Develop sampling methodology for practice review of low/moderate needs children.	QM Operations	3/30/08	Sampling methodology defined
Task 1.1.10 Conduct pilot of practice review process for low /moderate needs children.	QM Operations	5/30/08	Pilot briefing
Task 1.1.11 Begin review process for low/moderate needs children.	QM Operations	7/15/08	Sampling completed, reviews begun
11/1/08 through 10/31/09			
Task 1.1.1 Continue to maintain a list of qualified reviewers who have passed the "gold standard" test for the Wraparound Fidelity Assessment System (WFAS) including the Wraparound Fidelity Index (WFI), Documentation of Wraparound Process (DWP), and Team Observation Measure (TOM).	QM Operations	11/1/08 and ongoing	List of qualified reviewers
Task 1.1.2 Oversee completion of Wraparound Fidelity Index (interviews) for each child-serving agency using family organizations.	QM Operations	11/1/08 and monthly	Completed WFI interview forms
Task 1.1.3 Oversee T/RBHA-completion of Documentation of Wraparound Process (chart reviews) for child-serving agencies.	QM Operations	11/1/08 and monthly	Completed DWP forms
Task 1.1.4 Oversee Team Observation Measure completion for child-serving agencies.	QM Operations	11/1/08 and monthly	Completed TOM forms
Task 1.1.5 Conduct data validation activities and inter-rater reliability checks.	QM Operations	1/30/09 and quarterly	Data validation and inter-rater reliability reports
Task 1.1.6 Oversee completion of practice review process for low/moderate needs children.	QM Operations	11/1/08	Completed tool(s)
11/1/09 through 10/31/10			
Continue process as described above.	QM Operations		
Goal 1 – Develop a statewide quality management system for children's services that strengthens practice according to the Arizona 12			

Principles.			
Objective 1.1 – Implement an in-depth, statewide tool and process that reviews practice and adherence to the Child and Family Team Practice and 12 Principles.			
Tasks	**Who is Responsible**	**Target Completion Date**	**Description of Deliverable**
11/1/07 through 10/31/08			
Task 1.1.1 Fully implement the "gold standard" reviewer qualification process to qualify all existing and new reviewers to administer the Wraparound Fidelity Index (WFI) and the Documentation of Wraparound Process.	QM Operations	12/1/07	Documentation of reviewers passing the "gold standard" reviewer qualification process
Task 1.1.2 Maintain a list of qualified reviewers for the Wraparound Fidelity Assessment System (WFAS) including the Wraparound Fidelity Index (WFI), Documentation of Wraparound Process (DWP), and Team Observation Measure (TOM).	QM Operations	11/1/07 and ongoing	List of qualified reviewers
Task 1.1.3 Oversee completion of Wraparound Fidelity Index (interviews) for each child-serving agency using family organizations.	QM Operations	11/1/07 and monthly	Completed WFI interview forms
Task 1.1.4 Oversee T/RBHA-completion of Documentation of Wraparound Process (chart reviews) for child-serving agencies.	QM Operations	11/1/07 and monthly	Completed DWP forms
Task 1.1.5 Oversee Team Observation Measure completion for child-serving agencies.	QM Operations	11/1/07 and monthly	Completed TOM forms
Task 1.1.6 Conduct data validation activities and inter-rater reliability checks.	QM Operations	1/30/08 and quarterly	Data validation and inter-rater reliability reports
Task 1.1.7 Arrange for additional reviewer training, as needed.	QM Operations	As needed	Training agendas, sign-in sheets
Task 1.1.8 Develop process for reviewing practice for low/moderate needs children.	QM Operations	2/28/08	Identified tool(s), process(es)
Task 1.1.9 Develop sampling methodology for practice review of low/moderate needs children.	QM Operations	3/30/08	Sampling methodology defined

Task 1.1.10 Conduct pilot of practice review process for low /moderate needs children.	QM Operations	5/30/08	Pilot briefing
Task 1.1.11 Begin review process for low/moderate needs children.	QM Operations	7/15/08	Sampling completed, reviews begun
11/1/08 through 10/31/09			
Task 1.1.1 Continue to maintain a list of qualified reviewers who have passed the "gold standard" test for the Wraparound Fidelity Assessment System (WFAS) including the Wraparound Fidelity Index (WFI), Documentation of Wraparound Process (DWP), and Team Observation Measure (TOM).	QM Operations	11/1/08 and ongoing	List of qualified reviewers
Task 1.1.2 Oversee completion of Wraparound Fidelity Index (interviews) for each child-serving agency using family organizations.	QM Operations	11/1/08 and monthly	Completed WFI interview forms
Task 1.1.3 Oversee T/RBHA-completion of Documentation of Wraparound Process (chart reviews) for child-serving agencies.	QM Operations	11/1/08 and monthly	Completed DWP forms
Task 1.1.4 Oversee Team Observation Measure completion for child-serving agencies.	QM Operations	11/1/08 and monthly	Completed TOM forms
Task 1.1.5 Conduct data validation activities and inter-rater reliability checks.	QM Operations	1/30/09 and quarterly	Data validation and inter-rater reliability reports
Task 1.1.6 Oversee completion of practice review process for low/moderate needs children.	QM Operations	11/1/08	Completed tool(s)
11/1/09 through 10/31/10			
Continue process as described above.	QM Operations		

Objective 1.2 – Promote adherence to the Arizona 12 Principles and Child and Family Team practice through the use of Quality Management measures at the ADHS, T/RBHA, and Provider levels.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 1.2.1 Implement the Children's System performance measures in the ADHS Quality Management Plan.	QM Operations	11/1/07	ADHS Quality Management Plan
Task 1.2.2	QM Operations	12/30/07	ADHS feedback on T/RBHA

Review T/RBHA Quality Management Plans to ensure incorporation of Wraparound Fidelity Assessment System (WFAS) measures and other children's system performance measures.			Quality Management Plans
Task 1.2.3 Assess practice review findings and other children's system performance measures in Quality Management Committee and make recommendations, as appropriate.	QM Operations	11/1/07 and ongoing	Quality Management Committee meeting minutes
Task 1.2.4 Require T/RBHAs and providers to develop performance improvement plans based on practice review results and other children's system performance measures, as applicable.	QM Operations	As needed	Performance improvement plans
Task 1.2.5 ADHS will monitor the implementation of T/RBHA performance improvement plans.	QM Operations	Ongoing	Monitoring reports
Task 1.2.6 ADHS will monitor the implementation of the Child and Family Team Practice Improvement Project	QM Operations	On going	Practice Improvement Project update reports
11/1/08 through 10/31/09			
Task 1.2.1 Implement the Children's System performance measures in the ADHS Quality Management Plan.	QM Operations	11/1/08	ADHS Quality Management Plan
Task 1.2.2 Review T/RBHA Quality Management Plans to ensure incorporation of Wraparound Fidelity Assessment System (WFAS) measures and other children's system performance measures.	QM Operations	12/30/08	ADHS feedback on T/RBHA Quality Management Plans
Task 1.2.3 Assess practice review findings and other children's system performance measures in Quality Management Committee and make recommendations, as appropriate.	QM Operations	11/1/08 and ongoing	Quality Management Committee meeting minutes
Task 1.2.4 Require T/RBHAs and providers to develop performance improvement plans based on practice review results and other children's system performance measures, as applicable.	QM Operations	As needed	Performance improvement plans
Task 1.2.5	QM Operations	Ongoing	Monitoring reports

ADHS will monitor the implementation of T/RBHA performance improvement plans.			
11/1/09 through 10/31/10			
Continue the process as described above.	QM Operations		

Objective 1.3 – Publish and disseminate practice review findings and quality management information.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 1.3.1 Provide reports to T/RBHAs and providers based on Wraparound Fidelity Index (WFI), Documentation of Wraparound Process (DWP), and Team Observation Measure (TOM) findings.	QM Operations	11/1/07 and monthly	Completed reports
Task 1.3.2 Post Wraparound Fidelity Index (WFI) and Documentation of Wraparound Process (DWP) findings to the ADHS website.	QM Operations	3/30/08 and monthly	Posted reports
Task 1.3.3 Provide reports to T/RBHAs and providers based on findings from review process for low/moderate needs children.	QM Operations	8/30/08 and monthly	Completed reports
Task 1.3.4 Post findings from practice reviews for low/moderate needs children to the ADHS website.	QM Operations	9/30/08 and monthly	Posted reports
11/1/08 through 10/31/09			
Task 1.3.1 Provide reports to T/RBHAs and providers based on Wraparound Fidelity Index (WFI), Documentation of Wraparound Process (DWP), and Team Observation Measure (TOM) findings.	QM Operations	11/1/08 and monthly	Completed reports
Task 1.3.2 Post Wraparound Fidelity Index (WFI) and Documentation of Wraparound Process (DWP) findings to the ADHS website.	QM Operations	12/30/08 and monthly	Posted reports
Task 1.3.3	QM Operations	11/1/08 and	Completed reports

Provide reports to T/RBHAs and providers based on findings from review process for low/moderate needs children.		monthly	
Task 1.3.4 Post findings from practice reviews for low/moderate needs children to the ADHS website.	QM Operations	12/30/08 and monthly	Posted reports
11/1/09 through 10/31/10			
Continue the process as described above.	QM Operations		

Goal 2 – Implement a children's statewide service delivery system in accordance with the Arizona 12 Principles and Child and Family Team Practice.

Objective 2.1 – Conduct ongoing network analysis of case manager capacity in order to provide case managers for all children with complex behavioral health needs.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 2.1.1 Write an "Issue Paper" for Arizona Health Care Cost Containment System (AHCCCS) describing how the duties previously assigned to a Clinical Liaison will be distributed within the behavioral health workforce.	Policy, Clinical and Recovery Services	12/31/07	Completed Issue Paper
Task 2.1.2 Modify the Client Information System (CIS) to identify and track case manager assignment information.	QM Operations	2/28/08	Modified CIS
Task 2.1.3 ADHS will establish Case Manager expansion goals, in conjunction with the T/RBHA, for each Geographical Service Area, utilizing ADHS caseload guidelines to ensure that all children with complex behavioral health needs have a case manager.	Children's System of Care Planning and Development	11/01/07	Established expansion goals for each T/RBHA

Task 2.1.4 Require each T/RBHA to incorporate Case Manager expansion goals, as part of their Annual System of Care goals.	Children's System of Care Planning and Development	6/1/08 and ongoing	T/RBHA Annual Network Plans
Task 2.1.5 Begin quarterly monitoring of the percent of children with complex behavioral health needs who have an assigned case manager using Client Information System (CIS) demographics.	QM Operations	5/30/08	Case manager assignment reports
11/1/08 through 10/31/09			
Task 2.1.1 Maintain quarterly monitoring of the percent of children with complex behavioral health needs who have an assigned case manager using Client Information System (CIS) demographics.	QM Operations	11/1/08 and quarterly	Case manager assignment reports
11/1/09 through 10/31/10			
Continue process as described above.	QM Operations		

Objective 2.2 – Expand the capacity and quality of Support and Rehabilitation Services, and of specialty Clinical Services.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 2.2.1 ADHS will provide ongoing technical assistance to T/RBHAs and providers in developing increased capacity to provide Support and Rehabilitation Services or agencies interested in becoming new Support and Rehabilitation Services providers.	Clinical and Recovery Services	11/1/07 and ongoing	Documentation of technical assistance, visits by ADHS or contractors
Task 2.2.2 The Support and Rehabilitation Steering Committee will guide and monitor implementation of the "Meet Me Where I Am" campaign with input from local design teams which include family and stakeholder agency representation.	Clinical and Recovery Services	11/1/07 and ongoing	Committee meeting minutes and sign in sheets
Task 2.2.3 Complete statewide workshops associated with the "Meet Me Where I Am" Campaign to increase the capacity of Support and Rehabilitation Services	Clinical and Recovery Services	2/1/08	Training logs and sign in sheets

(particularly the generalist model), as well as enhancing the facilitator skill sets required to best utilize these services through the Child and Family Team process.			
Task 2.2.4 ADHS will provide ongoing coaching to T/RBHAs and providers aimed at supporting continued skill development around incorporating Support and Rehabilitation Services in Child and Family Team practice.	Clinical and Recovery Services	12/01/07 and ongoing	Documentation of technical assistance visits by ADHS or contractors.
Task 2.2.5 ADHS will monitor T/RBHA Support and Rehabilitation expansion to apply future incentives based on inventory information, network indicators and other available quantitative and qualitative data.	QM Operations, Finance	11/1/07 and quarterly	Expansion goals for each T/RBHA updated and finalized
Task 2.2.6 ADHS will review the progress made by each T/RBHA toward development of sufficient Support and Rehabilitation Services through the Network Development Planning process and set goals to continue development where unmet needs exist.	Children's System of Care Planning and Development Statewide Steering Committee	1/1/07 and ongoing	T/RBHA "Meet Me Where I Am" plan Review of Network progress reports and monitoring visits.
Task 2.2.7 ADHS will require T/RBHAs to include updated Support and Rehabilitation Services expansion goals in their Annual Network Plans.	Children's System of Care Planning and Development	7/1/08	Annual Network Plans from the T/RBHAs and ADHS annual acceptance letter.
11/1/08 through 10/31/09			
Task 2.2.1 ADHS will set expansion expectations to continue the development of Support and Rehabilitation Services, where indicated in the RBHA Network Development Plans.	Children's System of Care Planning and Development	11/1/08 and ongoing	T/RBHA network development plans
Task 2.2.2 ADHS will continue to provide technical assistance to T/RBHAs to accomplish the goals of the "Meet Me Where I Am" campaign.	Clinical and Recovery Services	11/1/08 and ongoing	Documentation of technical assistance, visits by ADHS or contractors
Task 2.2.3 ADHS will monitor the RBHA's growth in Support and Rehabilitation Services.	Children's System of Care Planning and Development	11/1/08 and ongoing	Documentation of expansion goals for each T/RBHA being met
11/1/09 through 10/31/10			
Task 2.2.1 ADHS will continue to monitor the RBHA's growth in Support and Rehabilitation Services.	Children's System of Care Planning and Development	11/1/09 and ongoing	Documentation of expansion goals for each T/RBHA being met
Objective 2.3 – Expand capacity in Substance Abuse Services and incorporate goals into the network development planning process.			

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 2.3.1 ADHS will establish a baseline of T/RBHA Substance Abuse Programs or Service providers and specialty clinicians delivering adolescent substance abuse services.	Children's System of Care Planning and Development	2/15/08	Baseline Data on specialty providers/clinicians
Task 2.3.2 ADHS will monitor T/RBHA 2007-08 Network Development Plans for adequacy in number and quality of Substance Abuse programs and/or providers and specialty clinicians identified in the plan.	Children's System of Care Planning and Development	11/01/07 and ongoing	ADHS feedback to the T/RBHAs and T/RBHA response to feedback
Task 2.3.3 ADHS will support the implementation of Evidence Based and culturally appropriate practice using Substance Abuse Coordination (SAC) and Child/Adolescent State Infrastructure Grant (SIG) funds. These evidence based practices may include: Motivational Interviewing; Motivational Enhancement Therapy/Cognitive Behavioral Therapy; Brief Strategic Family Therapy; Adolescent Community Reinforcement Approach and Adolescent Matrix.	Clinical and Recovery Services	11/1/07 and ongoing	SIG and SAC action plans, conference and training sign in sheets
Task 2.3.4 ADHS will revise Practice Improvement Protocol #10, "Substance Abuse Treatment in Children" which includes a description of the elements or framework for a clinically sound substance abuse program.	Clinical and Recovery Services	1/01/08	Completed Protocol
Task 2.3.5 ADHS will develop an evaluation tool to measure the elements of a clinically sound substance abuse treatment programs in the services identified in the baseline.	Clinical and Recovery Services	12/31/07	Completed Criteria
Task 2.3.6 ADHS will require the T/RBHAs to evaluate their Substance Abuse Treatment Services in accordance with the above criteria and provide the data to ADHS.	Clinical and Recovery Services / Children's System of Care Planning and Development	2/15/08	T/RBHA Analysis of their Substance Abuse Systems
Task 2.3.7 ADHS will require T/RBHAs to work with existing substance abuse programs, providers, and specialty clinicians to ensure substance abuse service conform to	Clinical and Recovery Services	3/01/08	Administrative Review results

the elements identified in the Substance Abuse Treatment in Children Protocol.			
Task 2.3.8 ADHS will require each T/RBHA to identify the Substance Abuse services needed for each Tribal Nation within their GSA and incorporate the needed services into their Network Development Plan.	Children's System of Care Planning and Development	4/01/08	Communication documentation to T/RBHA's on this requirement.
Task 2.3.9 ADHS will require the T/RBHAs to set expansion goals based on baseline data, and the status of existing programs as measured by the elements of a sound program and incorporate these goals in their Network Development Plans.	Children's System of Care Planning and Development / Clinical and Recovery Services	7/01/08	T/RBHA expansion goals
Task 2.3.10 ADHS will monitor T/RBHA 2008-09 Network Development Plans for adequacy in number and quality of Substance Abuse programs and/or providers and specialty clinicians identified in the plan.	Children's System of Care Planning and Development	9/01/07 and ongoing	ADHS feedback to the T/RBHAs and T/RBHA response to feedback
Task 2.3.11 ADHS will, through a subcontractor, develop an Addiction Recovery Training curriculum for training peer support workers between 18 and 24 years old to provide peer support to youth and young adults.	Clinical and Recovery Services	12/31/07	Completed curriculum
Task 2.3.12 Five 2 day trainings will be delivered by the subcontractor to provider agencies, and five 10 day training sessions will be provided for peer workers.	Clinical and Recovery Services	6/31/08	Sign-in sheets
Task 2.3.13 ADHS will sponsor training, through the Substance Abuse Coordination (SAC) and State Infrastructure Grant (SIG) grants, in substance abuse treatment practices that are culturally sensitive for clinicians who work with Native American youth.	Clinical and Recovery Services	3/15/08	Training sign-in sheets
11/1/08 through 10/31/09			
Task 2.3.1 RBHA will continue to expand and monitor the quality and adequacy of Substance Abuse Treatment Services.	Clinical and Recovery Services / Children's System of Care Planning and Development	11/1/08 and ongoing	Documentation of expansion goals for each T/RBHA being met
Task 2.3.2 ADHS will continue to monitor availability of specialty providers.	Children's System of Care Planning and Development	11/1/08 and ongoing	Documentation of expansion goals for each T/RBHA being met

Task 2.3.3 ADHS will continue to monitor T/RBHA Network Development Plans for adequacy in number and quality of Substance Abuse programs and/or providers and specialty clinicians.	Children's System of Care Planning and Development	11/01/08 and ongoing	ADHS feedback to the T/RBHAs and T/RBHA response to feedback
11/1/09 through 10/31/10			
Continue process as described above.			

Objective 2.4 – Implement the revised intake, assessment, and service planning process and adjust current policy and practice related to this process.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 2.4.1 ADHS will modify policies and procedures to communicate revisions to the intake, assessment, and service planning processes to the system.	Policy Office	4/30/08	Revised policies and procedures
Task 2.4.2 Provide training to T/RBHA and provider staff regarding changes to the intake, assessment, and service planning process.	Clinical and Recovery Services	5/1/08	Training curriculum and attendance rosters
Task 2.4.3 ADHS will provide ongoing technical assistance, as needed, to T/RBHA and providers to support the implementation of the revised process.	Clinical and Recovery Services	5/1/08 and ongoing	Documentation of technical assistance visits by ADHS
11/1/08 through 10/31/09			
Task 2.4.1 ADHS will provide ongoing technical assistance, as needed, to T/RBHA and providers to support implementation of the assessment process.	Clinical and Recovery Services	11/1/08 and ongoing	Documentation of technical assistance, visits by ADHS or contractors
11/1/09 through 10/31/10			
Continue process as described above.			

Objective 2.5 – Implement T/RBHA Child and Family Team expansion plans to serve all enrolled children and families through the Child and Family Team practice.

Tasks	Who is Responsible	Target Completion	Description of Deliverable

		Date	
11/1/07 through 10/31/08			
Task 2.5.1 Monitor Child and Family Team expansion using Client Information System (CIS) data and other reports to assess adequacy of progress being made.	Children's System of Care Planning and Development	11/15/07 and quarterly	CIS demographic reports and T/RBHA System of Care Plan Progress Updates
Task 2.5.2 Based on progress toward goals the Quality Management Committee will recommend an appropriate course of action (Corrective Action Plan, Notice to Cure or Sanction.) to keep the expansion on track.	QM Operations, Bureau of Compliance	11/15/07 and ongoing	Corrective Action Plan, Notice to Cure, or Sanction
11/1/08 through 10/31/09			
Task 2.5.1 Monitor Child and Family Team expansion using Client Information System (CIS) data and other reports to assess adequacy of progress being made.	Children's System of Care Planning and Development	11/1/08 and ongoing	CIS demographic reports and T/RBHA System of Care Plan Progress Updates
Task 2.5.2 Based on progress toward goals the Quality Management Committee will recommend an appropriate course of action (Corrective Action Plan, Notice to Cure or Sanction) to keep the expansion on track.	QM Operations	11/1/08 and ongoing	Corrective Action Plan, Notice to Cure, or Sanction
11/1/09 through 10/31/10			
Continue process as described above.			

Objective 2.6 – Promote the use of Functional Behavioral Assessment/Analysis and Positive Behavioral Support strategies using existing covered behavioral health services.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 2.6.1 Provide training via Module # 3 (Using positive Behavioral support to Provide Effective Support Services) of the "Meet Me Where I Am" training curriculum.	Clinical and Recovery Services	1/31/08	Training logs and sign in sheets
Task 2.6.2 ADHS will provide, directly or through contract, ongoing technical assistance to T/RBHAs and providers aimed at supporting continued skill development around Functional Behavioral Analysis and Positive Behavioral Support.	Clinical and Recovery Services	2/1/08 and ongoing	Documentation of ADHS technical assistance visits

Task 2.6.3 Develop a Practice Protocol on the role of Functional Behavioral Analysis and Positive Behavioral Support in the behavioral health system, including how to promote its effective use.	Clinical and Recovery Services	6/30/08	Completed Practice Protocol
RBHA1/1/08 through 10/31/09			
Task 2.6.1 Through the Network Planning Process ADHS will monitor availability of staff trained in Functional Behavioral Analysis and Positive Behavior Support strategies.	Children's System of Care Planning and Development	11/1/08 and ongoing	
Task 2.6.2 ADHS will provide technical assistance as needed around Functional Behavioral Analysis and Positive Behavioral Support.	Clinical and Recovery Services	11/1/08 and ongoing	Documentation of technical assistance, visits by ADHS or contractors
11/1/09 through 10/31/10			
Continue process as described above.			

Objective 2.7 – Enhance service delivery, for young adults ages 18-21, in accordance with the Arizona 12 Principles

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 2.7.1 Train workforce on the revised Practice Protocol Transitioning to Adulthood.	Clinical and Recovery Services	12/31/07	Training curriculum and attendance rosters
Task 2.7.2 Provide technical assistance to T/RBHAs to ensure adherence to service delivery and service planning to the Arizona 12 Principles and Practice Protocol Transitioning to Adulthood.	Clinical and Recovery Services	12/1/07 and ongoing	Documentation of technical assistance
Task 2.7.3 Require each T/RBHA to develop System of Care plan objectives focused on coordination strategies that support a seamless transition of young adults from the Child and Adolescent to the Adult behavioral health system.	Clinical and Recovery Services	1/1/08	Coordination strategies are included in the T/RBHA System of Care Plan
Task 2.7.4 Each RBHA will identify a group of young adults (ideally 20% of transition aged	Children's System of Care Planning and Development /	5/01/08	List of identified young adults

youth) transferring to the adult system that will have a joint child and adult teams working on the transition for at least 4 months prior to the young adult turning 18 years of age.	Clinical and Recovery Services		
Task 2.7.5 ADHS will require T/RBHAs to develop transition planning guidance which includes strategies to increase planning meetings through a joint child and adult team process which starts at least 4 months prior to the young adult turning 18. The plan will identify incremental increases in the number of joint plans developed.	Clinical and Recovery Services	7/01/08	Transition planning guidance document and increase schedules are completed
Task 2.7.6 Identify and publish best practice models for youth/transition age young adult's employment/pre-job training services.	Economic/ Community Development (Office of the Assistant Deputy Director)	12/1/07	Technical assistance documentation
Task 2.7.7 Provide technical assistance to T/RBHA Business/Vocational and Housing Coordinators on best practice models.	Housing Coordinator and Rehabilitation Coordinator	12/1/07	Technical assistance record
Task 2.7.8 Inventory current employment services for eligible young adults to develop a baseline of available services.	Children's System of Care Planning and Development	5/1/08	Baseline inventory of employment services
Task 2.7.9 Incorporate expansion and utilization goals for employment services for Title Nineteen (TXIX) eligible young adults in Annual Network Plan process.	Children's System of Care Planning and Development	6/1/08	T/RBHA Network Plans
Task 2.7.10 Inventory the currently available housing services for young adults 18 – 21 years to develop a baseline on available services or units.	Children's System of Care Planning and Development	8/01/08	Baseline inventory of housing services or units
Task 2.7.11 As funds are available, develop new housing units for independent living.	Housing Coordinator	10/1/08	T/RBHA documentation of increased capacity
11/1/08 through 10/31/09			
Task 2.7.1 Provide technical assistance to T/RBHAs to ensure adherence to service delivery and service planning to the Arizona 12 Principles and Practice Protocol Transitioning to Adulthood.	Clinical and Recovery Services	11/1/08 and ongoing	Documentation of technical assistance

Task 2.7.2 Monitor adherence to the Practice Protocol Transition to Adulthood through the Administrative Review.	Clinical and Recovery Services	11/1/08 and ongoing	Administrative Review results
Task 2.7.3 ADHS will require the T/RBHAs to set expansion goals based on baseline data and incorporate these goals in their Network Development Plans.	Children's System of Care Planning and Development	11/01/08	Expansion goals included in Annual Network Plan
11/1/09 through 10/31/10			
Continue process as described above.			

Objective 2.8 – Enhance Home Care Training to Home Care Client (HCTC) services for children, adolescents and young adults.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 2.8.1 Conduct an analysis of Arizona Revised Statute: sections 8-521.01, 46-134, and 8-501, for the provisions of a child, remaining in the home until age 21, and Arizona Administrative Code Title 6, Chapter 3, Article 58, for foster care licensing regulations and prepare an analysis paper.	Bureau of Compliance	1/1/08	Analysis paper
Task 2.8.2 Determine the process for making a change to Arizona Administrative Code, Title 6, Chapter 3, Article 58.	Bureau of Compliance	4/1/08	Final recommendations paper
Task 2.8.3 Collaborate with the Office of Licensing, Certification, and Regulation to make any changes that may be needed.	Clinical & Recovery Services	8/1/08	Completed policy
Task 2.8.4 ADHS will monitor the T/RBHAs to ensure that the HCTC Curriculum is being utilized to train all new HCTC provider families and existing families. Existing families must be trained by 12/31/08.	Clinical and Recovery Services	11/01/08	Training sign-in sheets
11/1/08 through 10/31/09			
Task 2.8.1 ADHS will require the T/RBHAs to set expansion goals based on baseline data and incorporate these goals in their Network Development Plans.	Children's System of Care Planning and Development	11/01/08	Expansion goals included in Annual Network Plan

Task 2.8.2 ADHS will monitor T/RBHAs to ensure that training requirements for the HCTC Curriculum have been met.	Clinical and Recovery Services	12/31/08	Training sign-in sheets
11/1/09 through 10/31/10			
Continue process as described above.			
Objective 2.9 – Enhance behavioral health services for children, birth to five.			
Tasks	**Who is Responsible**	**Target Completion Date**	**Description of Deliverable**
11/1/07 through 10/31/08			
Task 2.9.1 ADHS will complete the Birth to Five Practice Protocol and provide training and technical assistance on the protocol.	Clinical and Recovery Services	2/1/08 and ongoing	Completed protocol; Training sign-in sheets
Task 2.9.2 Develop an infant behavioral health state plan to identify approaches to better serve children birth to 5 years.	Clinical and Recovery Services	3/1/08	Completion of plan document
Task 2.9.3 Identify additional work force development strategies through the use of State Infrastructure Grant funds to continue improving services for children Birth to 5 Years of age.	Clinical and Recovery Services	4/1/08 and ongoing	Report on work force needs
Task 2.9.4 Monitor RBHA workforce development to serve children 0-5.	Children's System of Care Planning and Development	4/1/08 and ongoing	Monitoring reports
11/1/08 through 10/31/09			
Continue process as described above.			
Objective 2.10 – Implement the Child and Adolescent Service Intensity Instrument (CASII).			
Tasks	**Who is Responsible**	**Target Completion Date**	**Description of Deliverable**
11/1/07 through 10/31/08			

Task 2.10.1 Explore and develop the CASII criteria for use as an outcome tracking tool that can provide valuable outcome information to Child and Family Team's and RBHAs.	Clinical and Recovery Services	11/1/07	Practice Protocol on collecting outcome measures, utilizing the CASII
Task 2.10.2 Provide training to the behavioral health workforce on use of the Child and Adolescent Services Intensity Instrument (CASII).	Clinical and Recovery Services	1/31/08	Training logs, meeting Minutes and final Recommendations
Task 2.10.3 Develop a Practice Protocol to provide practice guidelines and service expectations on the utilization of the CASII in CFT practice.	Clinical and Recovery Services	1/31/08	Practice Protocol completed and posted on the ADHS website
Task 2.10.4 Develop a data collection system that can track Child and Adolescent Services Intensity Instrument (CASII) data and make reports available at the ADHS, T/RBHA and Provider levels.	QM Operations / Clinical and Recovery Services	3/1/08 and ongoing	Documentation of implementation efforts
Task 2.10.5 Provide and continue follow-up technical assistance for the Child and Adolescent Services Intensity Instrument (CASII) training of trainers.	Clinical and Recovery Services	2/28/08	Training curriculum and schedule; attendance rosters, documentation of technical assistance visits
11/1/08 through 10/31/09			
Task 2.10.1 Provide and continue follow-up technical assistance for the Child and Adolescent Services Intensity Instrument (CASII) training of trainers.	Clinical and Recovery Services	11/1/08 and ongoing	Training curriculum and schedule; attendance rosters, documentation of technical assistance visits
11/1/09 through 10/31/10			
Continue process as described above.			
Goal 3 – Develop strong technical assistance initiatives to strengthen Child and Family Team Practice in accordance with the Arizona 12 Principles			
Objective 3.1 – Enhance clinical supervision and coaching to promote the development of practice improvement strategies			
Tasks	**Who is**	**Target**	**Description of Deliverable**

	Responsible	Completion Date	
11/1/07 through 10/31/08			
Task 3.1.1 ADHS will continue hosting statewide quarterly Child and Family Team Coaches meetings to discuss training, mentoring, and technical assistance needs and approaches as identified by the Coaches and ADHS.	Clinical and Recovery Services	11/1/07 and quarterly	Meeting agendas and sign in sheets
Task 3.1.2 ADHS will develop recommendations for core clinical supervision standards, practices and competencies as these apply to Child and Family Team Practice.	Clinical and Recovery Services	2/1/08 and bi-monthly	Specific recommendations
11/1/08 through 10/31/09			
Task 3.1.1 As Practice Protocols are developed or revised, plan and schedule training and technical assistance for the T/RBHAs and providers.	Clinical and Recovery Services	11/1/08 and ongoing	Training curriculum and schedule; attendance rosters
Task 3.1.2 The Monitoring and Oversight Office of Clinical and Recovery Services will conduct ongoing monitoring reviews of implementation and adherence to ADHS initiatives and required Practice Protocol elements.	Clinical and Recovery Services	11/1/08 and ongoing	Reports to T/RBHAs on practice reviews
11/1/09 through 10/31/10			
Continue process as described above.			

Objective 3.2 – Enhance training to develop and strengthen the behavioral health workforce.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 3.2.1 Schedule and provide trainings on the Child and Family Team Practice Protocol and follow-up technical assistance for T/RBHAs and providers.	Children's System of Care Planning and Development / Clinical and Recovery Services	3/1/08 and ongoing	Training curriculum and schedule; attendance rosters
Task 3.2.2 Provide training and technical assistance as indicated by Wraparound Fidelity	Clinical and Recovery Services	11/1/07 and ongoing	Monitoring and technical assistance reports from the

Assessment System (WFAS) results.	QM Operations		T/BHAs
Task 3.2.3 Provide training to T/RBHAs and providers via Module # 6 (Supervising and Enhancing the Quality of Support Service Provision) of the Meet Me Where I Am training curriculum.	Clinical and Recovery Services	12/31/07	Training logs and sign in sheets
Task 3.2.4 Provide Training in Trauma Focused Care through the State Infrastructure Grant (SIG).	Clinical and Recovery Services	5/30/08	Agenda, sign-in sheets and hand-outs
11/1/08 through 10/31/09			
Task 3.2.1 As Practice Protocols are developed or revised, plan and schedule training and technical assistance for the T/RBHAs and providers.	Clinical and Recovery Services	11/1/08 and ongoing	Training curriculum and schedule; attendance rosters

Objective 3.3 – Enhance monitoring to ensure appropriate implementation and utilization of ADHS initiatives.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 3.3.1 ADHS will conduct ongoing monitoring reviews of implementation and adherence to ADHS initiatives and required Practice Protocol elements.	Clinical and Recovery Services	12/1/07 and ongoing	Reports to T/RBHAs on practice reviews
Task 3.3.2 Utilizing the Monitoring and Oversight reports, ADHS will provide technical assistance for personnel who facilitate or participate in Child and Family Teams.	Clinical and Recovery Services	12/1/07 and ongoing	Training curriculum and schedule; attendance rosters
Task 3.3.3 ADHS will monitor the roll-out the Unique Needs training.	Clinical and Recovery Services	12/31/07 and ongoing	Training schedules and RBHA sign-in sheets
11/1/08 through 10/31/09			
Task 3.3.1 The Monitoring and Oversight Office of Clinical and Recovery Services will conduct ongoing monitoring reviews of implementation and adherence to ADHS initiatives and required Practice Protocol elements.	Clinical and Recovery Services	11/1/08 and ongoing	Reports to T/RBHAs on practice reviews

Goal 4– Involve youth and families in improving the behavioral health system.			
Objective 4.1 – The Family Committee, consisting of family representatives from across the state, will continue to review quality management data, gather feedback from their local communities, and make recommendations to ADHS for system improvement.			
Tasks	**Who is Responsible**	**Target Completion Date**	**Description of Deliverable**
11/1/07 through 10/31/08			
Task 4.1.1 The Family Committee will assist with creating a Practice Protocol, describing how Family Involvement can best support the Children's System Transformation.	QM Operations	8/01/08	Completed "Family Involvement and Family Driven Care" Practice protocol
Task 4.1.2 The Family Committee will recommend strategies to strengthen the role of family support in the behavioral health system, including how family support can be included in service planning.	QM Operations	11/1/07 and ongoing	Recommendations on strategies to strengthen the role of family support
Task 4.1.3 The Family Committee will identify quality management issues or concerns that are brought back by the Geographical Service Area's respective communities.	QM Operations	11/1/07 and ongoing	Written issues or concerns provided to ADHS, QM Operations
Task 4.1.4 The Family Committee will participate in the Children's System practice improvement review process and monitor the data which comes from that process.	QM Operations	11/1/07 and ongoing	Identification of logistical, implementation or quality of care issues
Task 4.1.5 The Family Committee will review and provide feedback on various Quality Management reports and other system information.	QM Operations	11/1/07 and ongoing	Family Committee Meeting Minutes
Task 4.1.6 ADHS will utilize recommendations from the Family Committee in the oversight of the children's system.	QM Operations	11/1/07 and ongoing	QM Committee meeting minutes Family Committee meeting minutes
11/1/08 through 10/31/09			

Task 4.1.1 The Family Committee will identify quality management issues or concerns that are brought back by the Geographical Service Area's respective communities.	QM Operations	11/1/08 and ongoing	Written issues or concerns provided to ADHS, QM Operations
Task 4.1.2 The Family Committee will participate in the Children's System practice improvement review process and monitor the data which comes from that process.	QM Operations	11/1/08 and ongoing	Identification of logistical, implementation or quality of care issues
Task 4.1.3 The Family Committee will review and provide feedback on various Quality Management reports and other system information.	QM Operations	11/1/08 and ongoing	Family Committee Meeting Minutes
Task 4.1.4 ADHS will utilize recommendations from the Family Committee in the oversight of the children's system.	QM Operations	11/1/08 and ongoing	QM Committee meeting minutes Family Committee meeting minutes
11/1/09 through 10/31/10			
Continue process as described above.	QM Operations		

Objective 4.2 – Strengthen family involvement in an effort to enhance positive outcomes for children and families.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			
Task 4.2.1 ADHS will host the Statewide Support and Rehabilitation Steering Committee, maintaining 25% family member participation, to guide expansion of support and rehabilitation services.	Clinical and Recovery Services / Children's System of Care Planning and Development	11/1/07 and ongoing	Support and Rehabilitation Steering Committee minutes and sign in sheets
Task 4.2.2 ADHS will include family participation in its annual Quality Management Plan.	QM Operations	11/1/07	ADHS QM Plan
Task 4.2.3 ADHS will review T/RBHA Quality Management Plans to ensure incorporation of family involvement.	QM Operations	12/30/07	ADHS feedback on T/RBHA QM Plans

Task 4.2.4 ADHS will monitor T/RBHAs to assure minimum of 25% family members are sitting on the local Support and Rehabilitation Design Teams and the local Wraparound Fidelity Assessment System (WFAS) Task Forces.	Clinical and Recovery Services / QM Operations	11/1/07 and ongoing	Design Team and Steering committee membership lists
Task 4.2.5 The ADHS led Arizona Children's Executive Committee (ACEC) will solicit input from its Family Involvement Subcommittee which is comprised of family members from across the state.	Clinical and Recovery Services	11/1/07 and ongoing	Meeting minutes from the ACEC and the Family Involvement Subcommittee
Task 4.2.6 ADHS will support family involvement, at all levels, by providing stipends for family/youth participation in meetings and other events.	Clinical and Recovery Services / Finance / QM Operations	11/1/07 and ongoing	Records of family/youth reimbursement
Task 4.2.7 ADHS will provide training, with the assistance from family members, to providers on the importance of natural supports.	Clinical and Recovery Services	05/01/08	Training curriculum
Task 4.2.8 ADHS will utilize the recommendations of the Family Committee to develop a common definition of Family Support Partner and a description of the functions that make up a Family Support Partner position within the behavioral health system.	Clinical and Recovery Services / QM Operations	9/01/08	Documentation of definition of Family Support Partner
11/1/08 through 10/31/09			
Task 4.2.1 ADHS will include family participation in its annual Quality Management Plan.	QM Operations	11/1/08	ADHS QM Plan
Task 4.2.2 ADHS will review T/RBHA Quality Management Plans to ensure incorporation of family involvement.	QM Operations	12/30/08	ADHS feedback on T/RBHA QM Plans
11/1/09 through 10/31/10			
Continue process as described above.	QM Operations		

Objective 4.3 – Strengthen youth involvement to enhance positive outcomes for children and families.

Tasks	Who is Responsible	Target Completion Date	Description of Deliverable
11/1/07 through 10/31/08			

Task 4.3.1 Explore opportunities for youth involvement in developing a web page for youth that is linked to the ADHS web home page.	Clinical and Recovery Services / QM Operations	4/30/08	Web page in place
Task 4.3.2 Utilize web page to seek youth input on ADHS initiatives.	QM Operations/ Clinical and Recovery Services	6/1/08	Youth participation and input
Task 4.3.3 Continue to support the ADHS Youth Advisory Council.	Clinical and Recovery Services	11/1/07 and ongoing	
Task 4.3.4 Require T/RBHAs to include ongoing work with/development of Youth Advisory Councils in their System of Care plan.	Clinical and Recovery Services	12/31/07	Plans
Task 4.3.5 Host a youth-developed/directed conference.	Clinical and Recovery Services	4/1/08	Conference
11/1/08 through 10/31/09			
Task 4.3.1 Require RBHAs to include ongoing work with/development of Youth Advisory Councils in their System of Care Plans.	Clinical and Recovery Services	11/1/08 and ongoing	Documentation of collaboration in System of Care Plans
Task 4.3.2 Support the development and maintenance of a web page for youth.	Clinical and Recovery Services	11/1/08 and ongoing	Web page created
11/1/09 through 10/31/10			
Continue process as described above.	Clinical and Recovery Services		